

POSITION	ID NO.
CLASSIFIER	31
EXAMINER	43
TYPIST	43
VERIFIER	43
CORPS CORR.	
SPEC. HAND	
FILE MAINT.	500
DRAFTING	

INDEX OF CLAIMS

Claim	Original	Date
1	✓	6-3-86
2	✓	7-15-86
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11	✓	
12	✓	
13		
14		
15		
16		
17		
18	✓	=
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		

(LEFT INSIDE)